UTAH DEPARTMENT OF HEALTH
Community & Family Health Services Division

2007

Sliding Fee Schedule and CHIP
Monthly Income Ranges

Patient's Financial Responsibility (PFR)	0%	0%	20%	40%	60%	100%	
% of Federal Poverty Guideline	100%	0% to 133%	133% to 150%	150% to 185%	185% to 225%	>225%	CHIP* 200%
Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
1	$850.83	0 to $1,131.61	$1,131.62 to $1,276.25	$1,276.26 to $1,574.04	$1,574.05 to $1,914.38	$1,914.39 and up	$1,701.67
2	$1,140.83	0 to $1,517.31	$1,517.32 to $1,711.25	$1,711.26 to $2,110.54	$2,110.55 to $2,566.88	$2,566.89 and up	$2,281.67
3	$1,430.83	0 to $1,903.01	$1,903.02 to $2,146.25	$2,146.26 to $2,647.04	$2,647.05 to $3,219.38	$3,219.39 and up	$2,861.67
4	$1,720.83	0 to $2,288.71	$2,288.72 to $2,581.25	$2,581.26 to $3,183.54	$3,183.54 to $3,871.88	$3,871.89 and up	$3,441.67
5	$2,010.83	0 to $2,674.41	$2,674.42 to $3,016.25	$3,016.26 to $3,720.04	$3,720.05 to $4,524.38	$4,524.39 and up	$4,021.67
6	$2,300.83	0 to $3,060.11	$3,060.12 to $3,451.25	$3,451.26 to $4,256.54	$4,256.55 to $5,176.88	$5,176.88 and up	$4,601.67
7	$2,590.83	0 to $3,445.81	$3,445.82 to $3,886.25	$3,886.26 to $4,793.04	$4,793.05 to $5,829.38	$5,829.39 and up	$5,181.67
8	$2,880.83	0 to $3,831.51	$3,831.52 to $4,321.25	$4,321.26 to $5,329.54	$5,329.55 to $6,481.88	$6,481.89 and up	$5,761.67
Each Additional Family Member	$290.00	$385.70	$435.00	$536.50	$652.50	$652.50	$580.00

NOTE: This CFHS schedule is based on the Federal Poverty Guidelines published in the Federal Register January 24, 2007; Vol. 72, No. 15, Pgs 3147 – 3148. When new poverty guidelines are published, the fee scale will be changed as required by federal law, Title V of the Social Security Act, and in accordance with guidelines published by the Department of Health and Human Services, Office of the Secretary.

*Children=s Health Insurance Program (CHIP).

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